The psychosocial health of police personnel

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A police officer’s job can be both rewarding and demanding. Research has shown that depressive complaints, burnout and posttraumatic stress occur frequently among this group. Moreover, it is sometimes suspected that police officers have an elevated risk of suicide. However, previous research also reported that police officers often conduct their tasks with a high level of energy and dedication. Against this background and given the currently (2012-13) ongoing, large-scale reorganization of the Dutch police force, the WODC has asked the Department of Work and Organizational Psychology of Utrecht University to conduct a study on the psychosocial health of Dutch police officers, as well as the work-related factors that affect their health. This study should achieve two goals:

1. *It should generate knowledge on the state of affairs concerning the police officers' level of psychosocial health.*
2. *It should generate knowledge on the aspects of policing that affect police officers' psychosocial health either positively or negatively.*

Study design

To achieve these goals, four related substudies were carried out. In the first, qualitative study, a literature review and individual and group interviews with police officers led to the identification of 27 negative and positive work characteristics that were relevant to policing, including quantitative job demands, administrative demands, aggression and intimidation by citizens, colleague and supervisor support, mental demands (i.e., the degree to which the job requires concentration and carefulness), emotional demands (the degree to which the job concerns employees personally) and the job's meaningfulness. Moreover, nine important positive and negative indicators of police officers' psychosocial health were selected, including work engagement, burnout, symptoms of posttraumatic stress, depressive and suicidal complaints, absence and body mass index. Finally, two possibly relevant personal characteristics (resilience and job crafting, i.e., the degree to which police officers themselves shape the content of their jobs) were included in the study.

Based on substudy 1, a quantitative survey questionnaire was construed. In substudy 2, a stratified random sample of 3,740 police officers was invited to complete this questionnaire. The sample was drawn from the files of 24 participating regional police forces (one regional police force and the national police force KLPD did not participate in the study). The sample was stratified on the basis of the six key task areas of the Dutch police force: Leadership & Management ("Leiding"), Enforcement & Emergency ("Handhaving & noodhulp"), Investigation ("Opsporing"), Intake & Service ("Intake & Service"), Support ("Ondersteuning") and In training ("In Opleiding"). The online questionnaire was completed by 1,535 participants, yielding a satisfactory 41.0% response rate. Subsequent response analysis revealed that the response rates were relatively high in the areas of Leadership & Management, Enforcement & Emergency, and In training. Further, male and younger employees (< 25 years) were slightly overrepresented as compared to females and employees of 25

years and over. Based on these findings, it was decided to weigh the sample on the basis of area. No adjustments were made for gender and age. When comparing the findings among task areas, the unweighted data were used.

Police officers' level of psychosocial health
Substudy 2 revealed that there was no cause for concern regarding participants' psychosocial health, at least not insofar as their *mental health* was involved. Comparisons with previous findings among the Dutch population as a whole as well as among specific groups of this population showed that Dutch police officers reported high levels of work engagement, whereas their average scores on burnout, and depressive and anxiety complaints did not differ meaningfully from those of the comparison groups. One important exception concerned the fact that the participants thought more often about death and dying (both in general and their own death) than the comparison group; no differences worth mentioning were found for other indicators of suicidality. As regards *behavior-related aspects of the participants' health,* this study found that the average Dutch police officer reported significantly higher absence rates than the average Dutch employee, and that slightly more than half of the participants reported being overweight. Moreover, the participants evaluated their own health slightly less positive than those in the comparison group.

Substudy 3 compared the current findings to those of earlier research among employees in comparable professions (i.e., military police, customs officers, security guards, and penitentiary staff), as well as to findings of earlier research among police officers (both the Dutch force and non-Dutch forces). The study focused on two indicators of psychosocial health, that is, on burnout and engagement. Moreover, the study examined how the current findings as regards intimidation, aggression and bullying compared to those of earlier research in the Dutch working population. These comparisons revealed that the participants' average level of burnout did not differ substantially from the levels of burnout reported by employees in comparable professions or by police officers abroad. The level of engagement reported by this study's participants compared very favourably to that reported in earlier research. Finally, Dutch police officers were more often confronted with intimidation, aggression and bullying than the average Dutch employee, with perpetrators being primarily citizens but also colleagues and supervisors.

Further, substudy 2 compared the findings across the six task areas of the Dutch police force. This comparison revealed that the areas Leadership & Management and In training generally compared favourably in terms of psychosocial health to the other areas; especially Intake & Service and Investigation generally obtained unfavourable results.

Aspects of policing affecting police officers' psychosocial health
Based on substudy 1, substudy 2 included 16 job demands ("sources of stress"), 11 job resources ("sources of energy"), and two personal resources. The six most frequently occurring sources of stress in the participants' jobs were administrative demands, demands associated with working shifts, dissatisfaction with the public prosecutor's department and criminal law, mental demands, technology-related stress (e.g., working with outdated computer programs), and task ambiguity. However, police officers also have access to a number of important job resources. The most significant of these were the job's meaningfulness, the variety of the tasks, and the quality of contacts with colleagues. Finally, this study showed that participants' levels of mental resilience were on average high, whereas they engaged frequently in job crafting behaviours. Again, participants in the six task areas differed in the degree to which they were confronted with job demands and could access job and personal resources: especially participants in Leadership & Management and In training generally compared favourably to those working in the other areas.

Subsequently this study investigated how the job demands, job resources and personal resources related to the participants' psychosocial health. The job resources that were most strongly associated with aspects of psychosocial health were the demands related to working shifts and the experience of a high degree of work-home interference. Slightly less important were a high level of emotional demands, physical demands, administrative demands and expected changes in the tasks. The most important job resources of policing were a high level of social support from colleagues and supervisors, perception of one's job as being meaningful, the degree to which the job offers opportunities for getting involved in exciting situations (arousal), and the opportunities for personal development. Finally, a high level of mental resilience (feeling competent in one's job, being able to handle difficult situations, and acceptance of oneself and life) and job crafting were strongly associated with psychosocial health. However, note that these associations cannot be interpreted in terms of "cause" and "effect", since the study design does not allow for drawing causal inferences.

In the concluding substudy 4 the findings of the three earlier substudies were discussed in five group interviews with representatives of the task areas in the police force. During these interviews the participants indicated that generally speaking they recognised the findings. Moreover, they also frequently provided more nuance to the findings and elaborated upon these. These meetings resulted in a wealth of additional material and often useful insights in how issues concerning police officers' tasks may be addressed.

Conclusions
Overall it can be concluded that the psychosocial health of the average Dutch police officer is up to standard. Although the characteristics of their jobs are not unequivocally favourable (e.g., quantitative job demands are high, police officers are

frequently confronted with intimidation, aggression and violence, and frequently encounter demanding and potentially traumatising events), the present study showed that for the average Dutch police officer this does not lead to clearly adverse consequences for their psychosocial health. In this study, the participants' average scores on many of the indicators of psychosocial health did not compare unfavourably to those of the average Dutch employee. This applies especially to the measures of mental health included in this study. Whereas the police officers in this study reported high levels of work engagement, their levels of burnout, symptoms of posttraumatic stress, and complaints of anxiety and suicidality did not deviate significantly from what was reported by the comparison groups. The participants did report a slightly elevated level of cynicism, slightly more depressive complaints and thought more often about death and dying than those in the comparison groups. As regards their physical health, the present study's findings were less favourable. The participants were less satisfied with their health and reported higher absence rates than those in the comparison group, whereas half of the participants reported to be overweight. Thus, whereas there may be no reason for major concern regarding the health of the average Dutch police officer, there is still room for improvement.